| N 2 | ALARM REGISTRATION METROPOLITAN CLERK'S OF 225 POLK AVENUE NASHVILLE, TN 37203 | FICE PHONE FAX | 615-8 615-8 | | - | PERMIT # | □new □renew | CANCEL | |
|---|--|----------------------|----------------|----------|---------------------------|--|----------------|--------------|--|
| MAKE CHECK PAYABLE TO: METROPOLITAN GOVERNMENT | | | | | | ALARM MONITORING SERVICE (IF APPLICABLE) COMPANY | | | |
| THE THE CONTRACTOR | | | | | | PHONE | | | |
| PERMIT APPLICANT (MAILING ADDRESS) | | | | | LOCATION TYPE (CHECK ONE) | | | | |
| NAME PHONE | | | | | | COMMERCIAL | | | |
| ADE | PRESS | | | | | FINANCIAL | SCHOOL | CHURCH | |
| CIT | 1 | STATE | | ZIP | | STORE | RESTAURAN | IT OFFICE | |
| ALARM ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | | S) | | FACTORY | OTHER | | |
| NAME PHONE | | | | | | | | | |
| ADE | DRESS | | | | | RESIDENTIAL MAPARTMENT | Посыролини | ш Писиот | |
| CIT | (| STATE | | ZIP | | DUPLEX | □condominit | JM ПНООЗЕ | |
| INDIVIDUALS TO CONTACT IN EVENT OF ALARM ACTIVATION(LIST IN | | | | | N PRIOR | | LIOTHER . | | |
| ONLY ONE PHONE NUMBER PER BOX - LOCAL PHONE NUMBERS ONLY | | | | | | | | ONLY | |
| 1 | NAME | PHONE N | JMBER | 2 | NAME | | | PHONE NUMBER | |
| 3 | NAME | PHONE N | JMBER | 4 | NAME | | | PHONE NUMBER | |
| Ĕ | | | | <u> </u> | | | | | |
| IF PERMIT IS FOR A COMMERCIAL SYSTEM, LIST INDIVIDUALS AG | | | | | | OUNTABLE FOR A | ALARM | | |
| 1 | | | | 2 | | | | | |
| NOTE: PERMITS ARE RENEWA | | | | | | | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | | |
| | NOTICE: Non-compliance with the terms of this ordinance shall constitute a violation, and each | | | | PERMIT FEE RECEIPT: | | | | |
| | incidence of non-compliance shall constitute a separate violation punishable as provided in the | | | | \$10.00 Residential | | | | |
| | Metropolitan Code of Laws, Section 1.24.010. For additional information, contact the Metro | | | | \$25.00 Commercial | | | | |
| | Police Department Alarm Section, 862-7267, or the Metro Fire Department Alarm Section, 862-5230. | | | | \$Other | | | | |
| | | | | | | DATE RECEIVED BY | | | |
| _ | | | | | | | | | |